HOSPITALITY NURSING & REHAB CENTER

8633 32ND AVE

KENOSHA	53142	Phone: (262) 694-8300)	Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/04):	133	Title 18 (Medicare) Certified?	Yes
Total Licensed	l Bed Capacity	(12/31/04):	133	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	/04:	123	Average Daily Census:	128

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	49.6	
Supp. Home Care-Personal Care	No					1 - 4 Years	37.4	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	10.6	More Than 4 Years	13.0	
Day Services	No	Mental Illness (Org./Psy)	1.6	65 - 74	14.6			
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	35.0		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	35.0	*********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.9	Full-Time Equivalent		
Congregate Meals No		Cancer	0.8	0.8		- Nursing Staff per 100 Residents		
Home Delivered Meals Yes		Fractures	16.3		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	17.9	65 & Over	89.4			
Transportation	No	Cerebrovascular	6.5			RNs	10.8	
Referral Service	No	Diabetes	3.3	Gender	용	LPNs	6.2	
Other Services	Yes	Respiratory	8.1			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	45.5	Male	25.2	Aides, & Orderlies	38.5	
Mentally Ill	No			Female	74.8			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
*****************	****		******	************	*******	* * * * * * * * * * * * * * * * * * * *	******	

Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19			Other			Private Pay			amily Care]	Managed Care			
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	8	9.6	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	6.5
Skilled Care	29	100.0	351	59	71.1	120	0	0.0	0	7	100.0	208	0	0.0	0	4	100.0	222	99	80.5
Intermediate				16	19.3	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	16	13.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	29	100.0		83	100.0		0	0.0		7	100.0		0	0.0		4	100.0		123	100.0

HOSPITALITY NURSING & REHAB CENTER

********	*****	******	******	*****	*****	*******	******		
Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04								
Deaths During Reporting Period									
				:	% Needing		Total		
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of		
Private Home/No Home Health	4.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents		
Private Home/With Home Health	0.0	Bathing	0.0		94.3	5.7	123		
Other Nursing Homes	0.0	Dressing	7.3		87.0	5.7	123		
Acute Care Hospitals	93.7	Transferring	21.1		73.2	5.7	123		
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.3		78.0	5.7	123		
Rehabilitation Hospitals	0.0	Eating	23.6		70.7	5.7	123		
Other Locations	2.2	*******	******	****	******	* * * * * * * * * * * * * * * * * * * *	******		
Total Number of Admissions	319	Continence		용	Special Trea	tments	%		
Percent Discharges To:		Indwelling Or Extern	nal Catheter	10.6	Receiving	Respiratory Care	0.8		
Private Home/No Home Health	49.2	Occ/Freq. Incontiner	nt of Bladder	78.0	Receiving '	Tracheostomy Care	0.8		
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	57.7	Receiving	Suctioning	0.8		
Other Nursing Homes	1.8				Receiving	Ostomy Care	1.6		
Acute Care Hospitals	20.3	Mobility			Receiving '	Tube Feeding	7.3		
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.8	Receiving 1	Mechanically Altered Diets	34.1		
Rehabilitation Hospitals	0.0								
Other Locations	8.0	Skin Care			Other Reside	nt Characteristics			
Deaths	20.6	With Pressure Sores		1.6	Have Advan	ce Directives	55.3		
Total Number of Discharges		With Rashes		2.4	Medications				
(Including Deaths)	325				Receiving	Psychoactive Drugs	29.3		
		•							

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownership:		Bed	Size:	Licensure:					
	This	Pro	prietary	100	-199	Ski	lled	Ali	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	ે	%	Ratio	%	Ratio	90	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	96.2	88.5	1.09	90.2	1.07	90.5	1.06	88.8	1.08		
Current Residents from In-County	84.6	80.0	1.06	82.9	1.02	82.4	1.03	77.4	1.09		
Admissions from In-County, Still Residing	15.0	17.8	0.84	19.7	0.76	20.0	0.75	19.4	0.78		
Admissions/Average Daily Census	249.2	184.7	1.35	169.5	1.47	156.2	1.60	146.5	1.70		
Discharges/Average Daily Census	253.9	188.6	1.35	170.5	1.49	158.4	1.60	148.0	1.72		
Discharges To Private Residence/Average Daily Census	125.0	86.2	1.45	77.4	1.62	72.4	1.73	66.9	1.87		
Residents Receiving Skilled Care	87.0	95.3	0.91	95.4	0.91	94.7	0.92	89.9	0.97		
Residents Aged 65 and Older	89.4	92.4	0.97	91.4	0.98	91.8	0.97	87.9	1.02		
Title 19 (Medicaid) Funded Residents	67.5	62.9	1.07	62.5	1.08	62.7	1.08	66.1	1.02		
Private Pay Funded Residents	5.7	20.3	0.28	21.7	0.26	23.3	0.24	20.6	0.28		
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	6.0	0.00		
Mentally Ill Residents	1.6	31.7	0.05	36.8	0.04	37.3	0.04	33.6	0.05		
General Medical Service Residents	45.5	21.2	2.15	19.6	2.32	20.4	2.23	21.1	2.16		
Impaired ADL (Mean)	46.2	48.6	0.95	48.8	0.95	48.8	0.95	49.4	0.93		
Psychological Problems	29.3	56.4	0.52	57.5	0.51	59.4	0.49	57.7	0.51		
Nursing Care Required (Mean)	6.2	6.7	0.93	6.7	0.92	6.9	0.90	7.4	0.83		